

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		9-29-00
O.I.P.E. CLASSIFIER		B	10-500
FORMALITY REVIEW	SH	60244	11-15-00
RESPONSE FORMALITY REVIEW		60244	1-11-01

**INDEX OF CLAIMS**

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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